

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW | BA       | 6966   | 9-19-01 |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numerals) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim    | Date | Claim    | Date | Claim    | Date |
|----------|------|----------|------|----------|------|
| Final    |      | Final    |      | Final    |      |
| Original |      | Original |      | Original |      |
| 1        |      | 1        |      | 1        |      |
| 2        |      | 2        |      | 2        |      |
| 3        |      | 3        |      | 3        |      |
| 4        |      | 4        |      | 4        |      |
| 5        |      | 5        |      | 5        |      |
| 6        |      | 6        |      | 6        |      |
| 7        |      | 7        |      | 7        |      |
| 8        |      | 8        |      | 8        |      |
| 9        |      | 9        |      | 9        |      |
| 10       |      | 10       |      | 10       |      |
| 11       |      | 11       |      | 11       |      |
| 12       |      | 12       |      | 12       |      |
| 13       |      | 13       |      | 13       |      |
| 14       |      | 14       |      | 14       |      |
| 15       |      | 15       |      | 15       |      |
| 16       |      | 16       |      | 16       |      |
| 17       |      | 17       |      | 17       |      |
| 18       |      | 18       |      | 18       |      |
| 19       |      | 19       |      | 19       |      |
| 20       |      | 20       |      | 20       |      |
| 21       |      | 21       |      | 21       |      |
| 22       |      | 22       |      | 22       |      |
| 23       |      | 23       |      | 23       |      |
| 24       |      | 24       |      | 24       |      |
| 25       |      | 25       |      | 25       |      |
| 26       |      | 26       |      | 26       |      |
| 27       |      | 27       |      | 27       |      |
| 28       |      | 28       |      | 28       |      |
| 29       |      | 29       |      | 29       |      |
| 30       |      | 30       |      | 30       |      |
| 31       |      | 31       |      | 31       |      |
| 32       |      | 32       |      | 32       |      |
| 33       |      | 33       |      | 33       |      |
| 34       |      | 34       |      | 34       |      |
| 35       |      | 35       |      | 35       |      |
| 36       |      | 36       |      | 36       |      |
| 37       |      | 37       |      | 37       |      |
| 38       |      | 38       |      | 38       |      |
| 39       |      | 39       |      | 39       |      |
| 40       |      | 40       |      | 40       |      |
| 41       |      | 41       |      | 41       |      |
| 42       |      | 42       |      | 42       |      |
| 43       |      | 43       |      | 43       |      |
| 44       |      | 44       |      | 44       |      |
| 45       |      | 45       |      | 45       |      |
| 46       |      | 46       |      | 46       |      |
| 47       |      | 47       |      | 47       |      |
| 48       |      | 48       |      | 48       |      |
| 49       |      | 49       |      | 49       |      |
| 50       |      | 50       |      | 50       |      |

If more than 150 claims or 10 actions  
 staple additional sheet here

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